10 .ch tomat Compaty Aumora do AS TO NOW THE PERSON OF THE PE

and completely filled in by the funeral remove carban papers. Pages I and 2 remove carban papers. To hour death.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then bleese remove carban papers, should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 th

VR A15 (4), 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

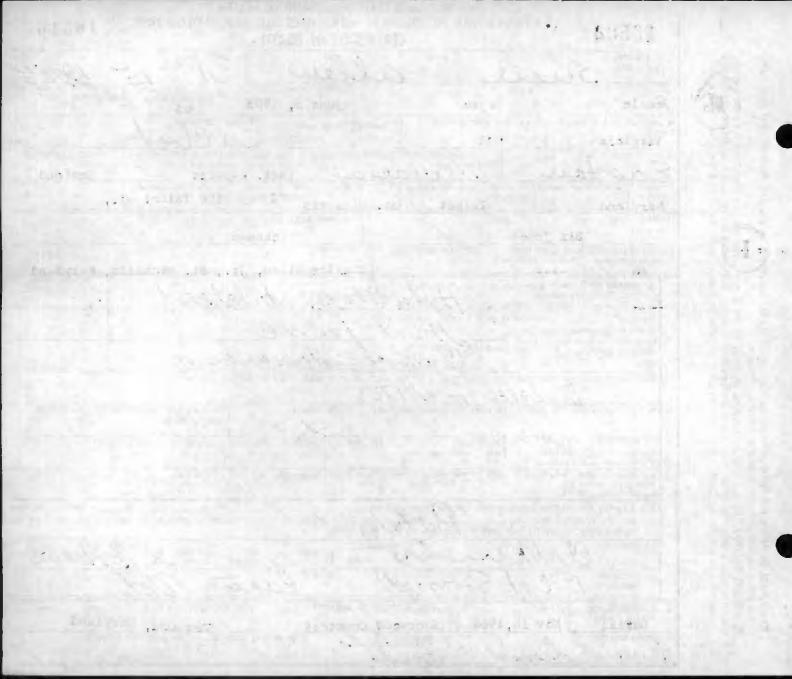
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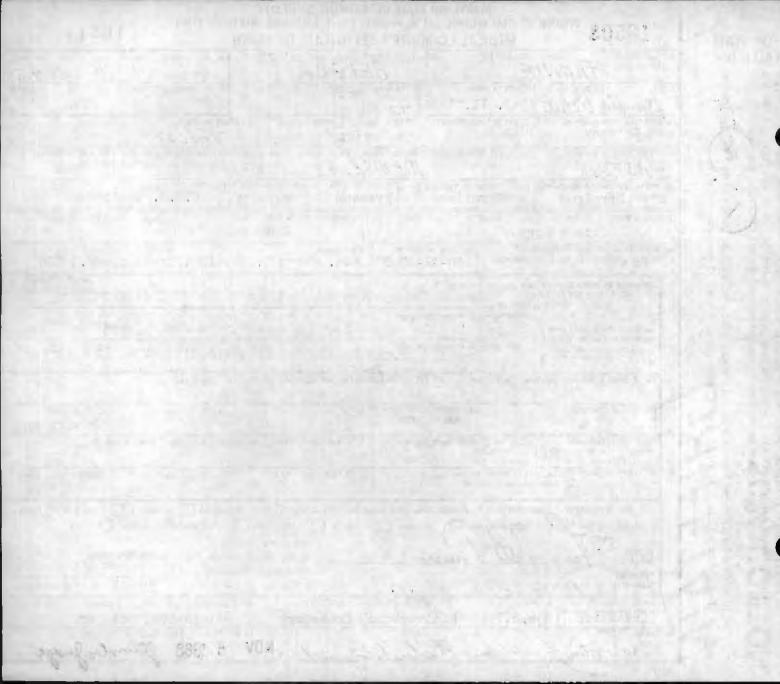
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16516

CERTIFICATE OF DEATH

	CEASED-NAME (Ype or print)	Ail.	Middle	ellei	20	o. DATE OF DEATH  // Month	Year O	2b. HOUR			
3. SE	X	4. RACE		S. DATE OF B	IRTH	6. AGE (In years	IF UNDER TYEAR I	F UNDER 24 HRS			
	emale	Negro			5, 1903	lost birthday) 6.5 YR	11.0171.02	HOURS MIN			
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? 8. A	MARRIED NEVER MA	RRIED 9. C	DUNTY OF DEATH					
cou	Virginia	USA			RCED	1000 nt		An.			
	ITY OR TOWN OF DEATH			TION (If not in hospital		CCUPATION (Kind of work done	12b. KIND OF BL	Md			
5	as four	give street		rial		f working life, even if retired.					
	USUAL RESIDENCE (Where decease		esidence before 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	144. 4					
	ission) STATE Maryland	13b. COUNTY Tall	oot St	. Michaels	YES X NO	108 Talbot	St.,				
14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S M	NAIDEN NAME First	Middle		Last			
	Eli j	Iones			Unknow	n					
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT		Address					
1	res, na, or unknown) (If yes give v	war ar dates all service)		Charles	Allen I	r. St. Nichae	1s Mary	land			
	18. CAUSE OF DEATH (Enter on	L	1-1 111 1151		7	1	APPROXIMA	É INTERVAL			
	PART I. DEATH WAS CAUSE		1400	KERONT	(, b)1	etesa/	BETWEEN ONS	T AND OEATH			
	4/29	DUE TO, OR AS A C	ONSEQUENCE OF	, /	/						
	Conditions, if ony, which gove t		HOW	+ +21/	NA						
	rise to immediate cause (a),	(b)	OMETOURNET OF	10110	1	1					
	stating the underlying couse	DUE TO, OR AS A C		al solt	Dineul	amero					
	lost. (c) COXONDY 2xtex105019										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
2	4901 1/15	Deres 1	772/11/	05							
ATE	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSI										
CERTIFICATION											
E	21a. ACCIDENT WAS UNDERLYIN		RY	21c. HOW INJURY OF	CURRED (Enter nat	ture of injury in Part 1 or Port :	2, Item 18.)				
N N	or contributing cause of OEA' (If either, notify medical exami		nth Day Year								
ME		PLACE OF INJURY / AT HO	ME, FARM, STREET, FACTORY,	1 21f. LOCATION Stre	eet or R.F.D. No.	City or Town	County	State			
	While Nat while of work	\ OFFICE	BUILDING, ETC.	1							
		is haspital) attende	d the Haransad f	ram.	. 19	, to	9 that (	l) (wa) las			
	22a. I certify that (I) (this haspital) attended the deceased fram, 19, 19, that (I) (we) las saw the deceased alive an, 19										
П	causes stated abave, (I) (we) (did) (did not riew the body are death)										
	22b. SIGNATURE	Bern	my	DEGREE PHYS.	ING MED.	STAFF TO	C NOV	68			
	22d. PHYSICIAN'S NAME (Type)	CH. Sc.	mill	22e. AD	DRESSOR	tor, Ma					
230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEMI	TERY OR CREMATORY	1 23	d. LOCATION (City or Town)	(Caunty)	(Stote)			
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24	FEMNERAL DIRECTOR	* 10,1700	2 ADDRESS	d Cemeter		Sherwood, I	The second secon				
1	COMERNE DIRECTOR	1 4	I. Frice	Hele !	140 7	1000					
1/3	overson ( or	corner	- Man	10	DATE	1868 golian	Se a				



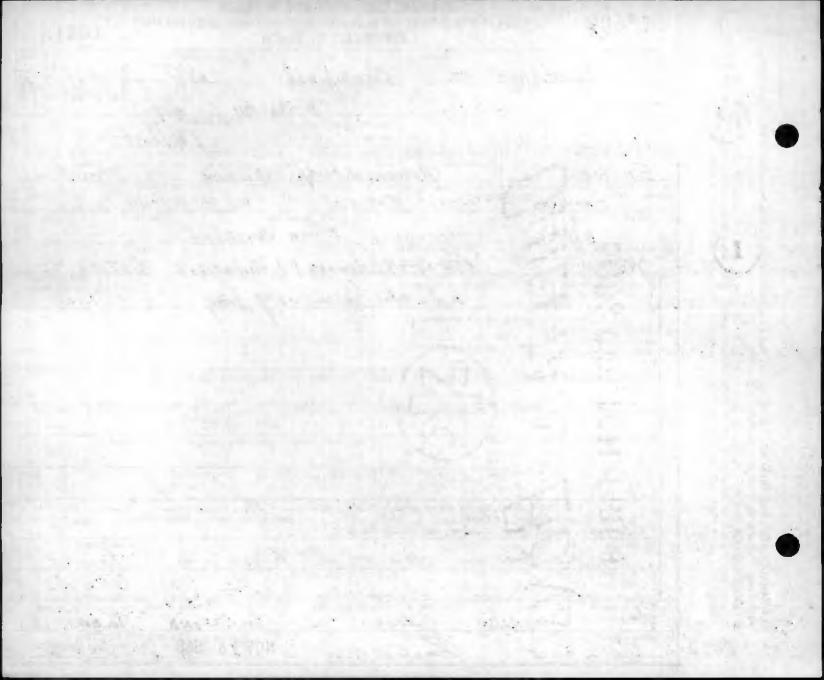


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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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€ -2€		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	26. HOUR
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₹ \$ \$ \$ \ Ø		EASTON GIVE Street addiess) Memorial Hosp TEACHING TEACHING	LIC SCHOOL
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executed within 24 haurs after death no completely filled in the river funeral emave carbon papers. Cages I and any event, within 72 (OUT) after death	1	THE PARTY AND TH	
a pue	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
30	1	WALTER GRAVILLE EMMA DAVIDSON	
and and	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 17. INFORMANT Address	-
, S Q	1	Yes, no, orunknown) (If yes give wer or dates of service) 058-07-9185 HOWARD V. L. BLOOMFIELD OXFOR.	71 N/2
g a g	F		IPPROXIMATE INTERVAL
	1	PART I. DEATH WAS CAUSED BY:	WEEN ONSET AND DEATH
ar in ar		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rules totic Cucurteux of vary  1	year
that the death an. by the attendir ransit permit. cremation, ar re		DUE TO, OR AS A CONSEQUENCE OF	
the the		Conditions, if any, which gave	
that the an. by the ransit cremati		rise to immediate cause (o). (b)	
t t b d b a a	Н	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sic sic al,		last. (c)	
physician. physician. signed by the burial-transit	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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ar the dir	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
tend tend as as prid	3	CAUSES OF DEATH?	us centu inso
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<b>S</b> 通過電子	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor   Control of the contro	
S de	景	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County White C Not white C	State
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te pe starte		22a. I certify that (I) (this haspital) attended the deceased from 1954, to 1342, to 1968, and that in (my) (our) apinion death accurred an the date and h	that (I) (we) last
N TO P	1	saw the deceased alive an 1900, and that in (my) (eur) apinian death accurred an the date and h	laur and fram the
五章 S B 主		causes stated abave, (i) (we) (did) (did-not) view the bady after death.	
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O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi	00		A Kanal
Page of FUN direct should	230	O BURIAL) CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County REMOVAL (Specify)	
50 5 p		REMOVAL (Specify) NOV 15,1968 CXFORD CXFORD TALBO	T. MID
VR A15(4)	24.	ADDRESS 2Sq. REC'D BY REGISTRAR 2.5b. REGISTRAR'S SIGNATUR	Ouder
30M REV.		DATE NOV 18 1968 fillantes	A Comment



Greensboro

**ADDRESS** 

Greensboro, Maryland

25b. REGISTRAR'S SIGNATURE

250, REC'D BY REGISTRAR

DATE NOV 29

Burial (Specify)

24. FUNERAL DIRECTOR

VR A15 (4)

201 32 .... chair disposed and restricted and the later. - EDRANDS INLYAND The second second PERMITTED BY SERVICE OF THE SERVICE

CEPTIFICATE OF DEATH

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o de Termina Termina		DICAL	OR CONTRIBUTING CAUSE C	
# #		MEI	21d INJURY OCCURRED	21e.

15508

(State)

REMOVAL (Specify) **EUNERAL DIRECTOR** 

VR A15 (4) 30M REV 1/68

ADDRESS

2So. 19

25b.

	CERTIFICATE OF DEATH									
	EASED NAME 2 First Middle Last 2a DATE OF DEATH Month Day Year ( C.99									
	pe or print) Francis F									
3 SE	4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 MRS									
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	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH									
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10. (	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not 11/hospital ) 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR									
	give street address)   during most of working ife, even if retired.)   INDUSTRY									
130.	SUAL RESIDENCE (Where decessed lived, if institution; Residence before 13c (TTY OR TOWN 13d INSIDE TY LIMITS? 13e STREET AND NUMBER									
adm	STATE / D 136 COUNTY [ A J. BOT E MSTON YES INO 1155. HARSISON ST									
14. [	THER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost									
IY	ILLIAM I'C DONALD HATOINKITE KELLUM									
	NAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address									
,	sine, or unknown) (If yes give wor or dotes of service) 216-54-9806-1A-TIES F. BRICKELL, L-ASTON, MTD									
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONST AND DEATH									
	PART I, DEATH WAS CAUSED BY									
	IMMEDIATE CAUSE (0) CICULE MYOCARDIAL INSARCHOR 11-3-00									
	4/09 DUE TO, OR AS A CONSEQUENCE OF									
	(onditions, if any, which gave) (b) Orterioscleratic Kenthubeake Unknown									
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
2										
ATro	90 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
CERTIFICATION	YES NO CAUSES OF DEATH?									
	To ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)									
MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year If either, notify medical examiner) P.M 19									
WED	21d INH-02 OCCUPPED 21a PLACE OF INHIDE AT HOME FARM SIRET, FACTORY 1 21F IOCATION Street or P.E.D. No. (the or Town)									
	While Not while (OFFICE BUILDING, ETC.)									
	twork of wark 1 (this haspital) attended the deceased fram 5-16, 1960, ta 11-13, 1968, that (1)(we) last									
	saw the deceased alive an 11-13 19 (c.B., and that in (my) (aur) apinian death accurred an the date and haur and fram th									
	causes stated abave ((1) (we) (did) (did nat) view the bady after death.									
	22c. DATE SIGNED									
	R. Trever, M.D. DEGREE PHYS DIRECTOR   STAFF   11-13-68									
	22d. PHYSICIAN'S 22e. ADDRESS									
	NAME (Type)									
	DIANT OF THE ON LOCATION (C). The Control of									

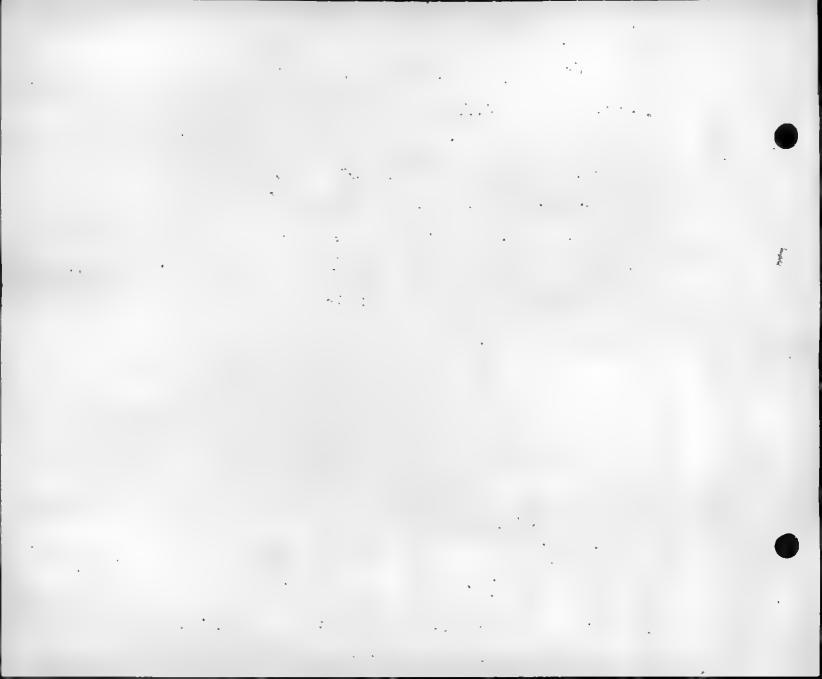


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18507 10524 CERTIFICATE OF DEATH M. ddle 2a. DATE OF DEATH DECEASED-NAME 2b HOUR within 24 hours after death (Type or print) 510 Orence S. DATE OF BIRTH 6. AGE (in years 3. SEX 4. RACE IF LINDER I YEAR F JINDER 24 HRS. Carban papers. Poges ent, within 72 hours afte last bethoay) JUNE NEGRO 7o BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED USA WIDOWED [ DIVORCED [ MARYLAND 10 CITY OR TOWN OF DEATH 33 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
MEMORIAL during mast of warking life, even if retired) INDUSTRY EASTON NONE 13a USUAL RESIDENCE (Where deceased aved, if institut on Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY 615 1/2 DOUER ST. EASTON emove. 15. MOTHER'S MAIDEN NAME First M. ddle Lost COOPER BROOKS HENRIETTA requires that the deoth certificate be ULYLESSES pleose signed by the attending physicion buriof-transit permit. Then please 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Hyes give war or dates of service)
22- MAY-45+0 1/10/46 219-14-3806 LOTTIE Yes, no, or unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Massive con IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Domes. nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the certificate hos been 19g DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dc AUTOPSY? CAUSES OF DEATH? YES 🗀 NO TY 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from 1-11, 19 68, to 11-27, 19 68, that (I) (we) last saw the deceased alive an 11-27 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the Page 4 may be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR Robert W. T DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert W. Trever. M.D. Easton. Md. 21.601 director, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) (1) Hirms BURG NEAR EASTON TALBOT 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10523 16509 CERTIFICATE OF DEATH the funerol ages 1 and 2 s after death. Middle DECEASED-NAME First Last 2o. DATE OF DEATH 26 HOUR executed within 24 haurs after death (Type or print) Manth ANN F JNDER 1 YEAR IF UNDER 24 HRS SEX 6. AGE (In veors lost birthdoy) 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYS during most of warkings fe, even if retired ) EASTON remove carban CHOOL 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE C DGL.MITS? 13e STREET AND NUMBER TI3P COUNTY VENSUMBE XX 14 FATHER'S NAMI Middle Lost IS MOTHER'S MAIDEN NAME First Middle buriol, cremotion, or removol, and in DONNA JORMAN 0 please requires that the Death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) signed by the ottending phy buriol-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (o) OCILESOCIS Conditions, if ony, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES DE NO [ for use 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. County State City or Town OFFICE BUILDING, ETC. While Not while of work at work 22a. I certify that (I) (this aspital) attended the deceased from... and that in (my) (aur) apinion deoth occurred an the date and have and from the sow the deceased a should causes stated about the west die (18th nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE director, page should be filed PHYS. 22e. ADDITE 22d. PHYSICIAN S NAME (Type) LOCATION (City, or Town) BUR AL, CREMATION (County) (State) REMOVAL (Specify) TEVENSVILLE STEVENSVILLE 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68



-7-1		ems 2 & 9 Films 107 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		2/3/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 5 2 7
HEALTH DEPT.		CEASED NAME ROUGHTST Middle Lost 20 DATE KNOWN Month Day 27 Year 120 HO
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with for		TY OR TOWN OF DEATH  11 NAME OF MOSPITAL OR INSTITUTION (If not in haspital during project of working life, even if retired)  12 USUA. OCCUPATION (Kind of work done during project working life, even if retired)  13 NAME OF MOSPITAL OR INSTITUTION (If not in haspital during project working life, even if retired)
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s of 18 olc deo		USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d MSDECITY LIM 15? 13e STREET AND NJMBER TILGHMAN YES NO
hours Item 1 Office land 2	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
S S S		Roy M. Cummings, Sr. Mangaret Ridgeway
within 24 pendi in kominer's le pages 72 hours		vas decensed ever in Us armed Forces? 16b social security no 17 informant 17 informant 18 inform
E E		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
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XAAA te t ge 4 your		WHILE DOT WHILE CHES BAY OFF TILGHMAN TALBOT MD
L E Cecu Cecu Pog far far iol,		22a I certify that I taak charge of the remains described above, held on Autopsy , Inspect on , Inquiry , and in my opini
SICA transport		death resulted fram: Natural causes 🌅 , Accident 🙀 , Suicide 🔲 , Hamic de 🔲 , Undetermined manner 🗌
direction to the second		ACTUAL CHIEF MEDICAL EXAMINER
y, ple y, ple rol di se ret XAL D		SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
		EXAMINER'S  NAME (Type)  WELTY  ADDRESS(Street, city, town, or county)
TO DEPUTY  Decessory, I the funeral 5 may be r TO FUNERAL  Health prii	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	24	
VR A15ME (5) 10M REV 1/68		HURICE E. NEWWAM & SON, Easton, Md.    DATE   DECEMBRA REGISTRAR'S SIGNATURE
(1/2)		





MARYLAND STATE DEPARTMENT OF HEALTH



**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death

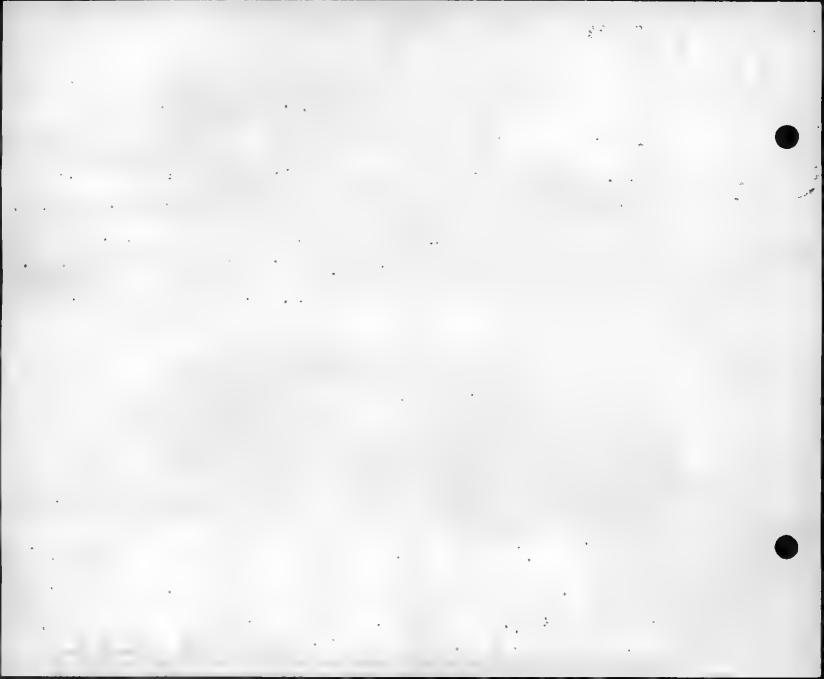
Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16513		CERTIFI	CATE OF	DEATH	,			(652		
	ECEASED-NAME First Type or print)	Middle		Lost		2a. DATE O	F DEATH Month	Dou	Year	2b. HOL	
1,	Anna	Hemslev	Fl	boa			. 11	22	68		
J. SE		4 RACE		S. DATE OF B	IRTH		6 AGE (In ye	ors	IF UNDER I YEAR	1F JRDER 24	
	Female	Negro		Oct	. 11,1	884	lost buthdo	Y) YRS M	AONTHS DAYS	HOURS	
o B	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MAI	RR.ED	COUNTY O	F DEATH				
וועם	<sup>'(v)</sup> Laryland	USA	WIDOWED		RCED 🗽	Tal	bot				
0. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If	nat in haspital	12a. USUA	L OCCUPATION	(Kind of work	done	12b. KIND OF E	BUSINESS O	
F	Caston	give street address) Memorial			Prac	tical	life, even if re Nurs	S Lived )	INDUSTRY	one	
30	LISUAL RESIDENCE (Whose decens	ed lived, if institution, Residence before	13c CITY O	R TOWN	13d INSIDE CITY LIN	11TS9 13e S	TREET AND NUM	BER			
admi	ission) SIATE Maryland	Tal bot	East	on	YES NO	11	5 West	t St	. East	n M	
	ATHER S NAME First	Middle Last		S. MOTHER'S M	AIDEN NAME F			ddle		Lost	
W	Villiam	Hemslev	r	Rach	eal			Gr	innage	9	
160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY	/ NO. 17	Rach	5 S. H	n n a h n	Stree	dress	0		
T	eFino ot nukuomu) (II ies dine m	ar or dates of service) 219 42	9185 <sub>1</sub>	rs. M	mie B	rooks	pore	ند و با ح			
IR CAIRS OF DEATH (Enter only one course per line for (a) (b) and (c))										ATE INTERVAL TAND DEAT	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Aspiration Pnemonia										rs	
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if only, which gove										
	rise to immediate cause (a), (b)										
ost (c) intestinal Obstruction										3	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
~	Obstipation and Senility										
									VSIDERED IN CEI	RTIFYING	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 120b. IF YES, WERE FINDINGS C CAUSES OF DEATH?  YES NO 120 ACCIDENT WAS UNDERLYING 121b. TIME OF INIURY 121c. HOW INIURY OCCURRED. (Enter notice of injury in Part 1 or Part 2											
	210 ACCIDENT WAS UNDERLYIN		21c. I	IOW INJURY OC	CURRED (Enter	nature of inje	ory in Part 1 or	Part 2, Ite	em 18)	-	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		r 19								
WED.	21d INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM STREET F OFFICE BUILDING, ETC.		OCATION Stre	et or R.F.D. No.	City	ar Town		County	State	
	at week at week										
	22a   certify that (1) (thi	s haspital) attended the decea ive an	sed from	00	. 19_6	8_, ta_	11-25	195	8_, that	(D) (we)	
	saw the deceased a	ive on 11-23	19 <u>68,</u> ar	nd that in (m	ıy) (aur) apır	nan death	accurred an	the date	e and haur o	ind fram	
	causes stated above	(we) (did nat) view the	e body after	death							
	22b. SIGNATURE	1 . P. CA	-1.1	ATTENDI	NG MI	D D	STAFF	23c, DA	ATE SIGNED	60	
	Xeener	a Trace	Myde	REE PHYS.	DI 🖾	RECTOR L	PHYS.	11-	0	00	
	22d. PHYSIC AN S NAME (Type) Dr.	Richard Tyson		22e ADI		TZO O d	A 77.0	Po et	an Mas	nreT 0.	
				221	aren		Ave.,				
23a	BURIAL, CREMATION, 23b (			R CREMATORY	_		ON (City of Tow		(County)	(Stote)	
0.4	Burial 11	/27/68 Richa	rds M	lemoria	31	Hammo	nd St	. Ea	ston, l	1d.	
74.	B Dashiell I	Dover St. East	on Ma	rylan	DATE NOV	P ST 4	2Sb. REG	ISTRAR'S SI	IGNATURE	148	
U	D Dasniell 1	uneral Home			DATE NUV	6	968 R	way	THE DAY		

VR A15 VV 30M REV.





the funeral ages 4 and 2 saffer death

TO FUNERAL DIRECTOR: After this certificate has been signed ■y the attending physician dad completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept af Health prior to burial, crematian, ar removal, and in any event, within 72 in

VR A15 (4) 30M REV 1

within 24 hours after death.

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be,

Page 4 may be retained by the haspital ar attending physician

CERTIFICATE OF DEATH

	70070	CERTIFICA	IL OI DEAL								
	CEASED NAME First Middle ype or print)	1	Last	20	DATE OF DEATH  Month	Day	Year.	2b HOUR			
	ENERNOR Elizade	th tR	AM pto	1/	1100 · 3	75	1968	DSA			
3 SE	EMALE WHITE	S	DATE OF BIRTH	10113	6 AGE (in year lost birthday	/) MO	4 4	HOURS MEN			
70 F	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY?	8 MADDIED T	06 24,	9 (0)	NTY OF DEATH	YRS.					
cour		WIDOWED	NEVER MARRIED		TALBOX	2		AA.			
10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR I			USUAL OCCU	JPATION (Kind of work		12b KIND OF BU	SINESS OR			
	EASTON give street oddress) M	e Most	al dust	ng most of v	vorking life, even if ref	nred }	INDUSTRY				
	USJAL RESIDENCE (Where deceosed lived, if institution: Residence before	13c CITY OR TO		CITY LIMITS?	13e STREET AND NUME	BER					
1	MAKYLAND THLE 61	KOYAL	OAK YES								
14 F	ATHER S NAME First Middle Lost	15. N	OTHER'S MAIDEN NA	AME First		ddle		Lost			
140	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURIT	Y NO 17 INFO	TN/V/E	$= \mathcal{O}$	LEONA		0	. 100			
	es, na, or inknown) (" yes give were or dates of service)	5927 M	es MAR	IAN"		SAN	KOYA	$\mathcal{D}_{-}$			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (i	0) 000-	0 0	)	11.	0	APPROXIMAT BETWEEN ONSE				
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	117	ens	10)	rosant	al.	90	and			
	+339 DUE TO, OR AS A CONSEQUENCE OF										
	nse to 'mmed ote cause (a). (b) The mile of										
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	DADT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE OF CONDITION CIVEN IN DADT 1/4)										
20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
RTIFI											
	21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OF INJURY HOUR A.M. Month Doy Yea		INJURY OCCURRED	(Enter noture	e of injury in Port 1 or i	Part 2, Item	n 18.)				
MEDICAL	(If either, notify medical examiner) P.M.	19			- Identi-British						
2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCA	TION Street or R.F.	D Ng.	City or Town	(	County	Stote			
	at work of work of the description of the descripti	and from	1956	10	1/-26	10 6	Jahot /	N /walla			
	22a. I certify that (I) (this haspital) attended the deceased from 700, 19, to 10, 19, 196 st. that (I) (we) las saw the deceased alive an 10, 196 st. that (I) (we) las										
	causes stated abave, (i) (we) (did) (did nat) view the	e bady after dec	ith `			,					
	22b SCHATURE	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF D	22c. DAT	E SIGNED	68			
ľ	22d PHYSICIANS PARESTYPE TARRESTYPE TARRESTY	h	22e ADDRESS	nie	Pam +6	? 1/	rel				
0.0	- Judge Judge	E CENTERN OF AN	EMATORY.	100	TOTATION ICA		(control	(Cana)			
130	BURIAL CREMATION 236 PATE 23c NAME O	of CEMPTERY OR CR	V. Cemete	w	aslen.	mar	(County)	(State)			
24	AUNERAL DIRECTOR C / DOORE			DEC 2	STRAR 256 REGI	STRARS SIG	NATURE				
2-5-6	- 11-17 A A A B 11 (VF 11/1)	10111 11 11 1	A PART DATE		GOOD M	CONTRACTOR OF THE PERSON OF TH	COLO VARIA	-			



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	665,74
		16516 CERTIFICATE OF DEATH	0 1) 1 17
death. nerol and 2 deoth.	1. DI (1	TEASED NAME First Middle GEISEL 20 DATE OF DEATH Might Day.	Year 75
after of the fundages 1 ages 1 ages 1	3 SE	X 4 RACE S. DATE OF BIRTH 6. AGE (in years 1)	UNDER 1 YEAR F UNDER 24 HRS. HTHS DAYS MOURS MIN
in by ers. Pour	7a. I cour	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDDWED DIVORCED 7	Mo
ithin Ivilled on pap			126 KIND OF BUSINESS OR INDUSTRY
ard completely filled in by the funeral remove corbon papers. Pages 1 and 2 n any event, within 72 hours after death.	13o.	USUAL RESIDENCE (Where deceosed lived, if postitution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SSION) STATE TO LED	
200	14	FATHER'S MAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle HENNING MARTHA	LFFMBN
The law requires that the death certificate be ottending physician. has been signed by the ottending physkian as as the burial-transit permit. Then please of the prior to burial, crematian, or removal, and in		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or dates of service)  Address,  Prul GPISEL DENT	N MO.
he death certify offending phy permit. Then ian, or removol		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the death the ottendi sit permit. nation, or r		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
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YSICIAN: The law re ospital or attending certificate has been hed for use as the st of Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
AN: The old of or office to use for use Health ?		TES NO TOTAL STATE OF INJURY NO TOTAL STATE OF INJURY NO TOTAL STATE OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item Of Contributing Cause of Death Hour A.M. Month Day Year	i i8.)
	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21(. LOCATION Street or R.F.D. No. City or Town (OFFICE BUILDING, ETC.	County State
DING PHYS I by the hos After this ce I be detoche State Dept		22a. I certify that (I) (this haspital) attended the deceased from	, that (I) (we) las
OR ATTENDING be retained be retained burecron: Afge 3 should be led with the S		causes stated above, (1) (we) (did) (did not) view the boar of the death.  226 SIGNATURE  (27 DATE 220	E SIGNED,
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Poge 4 moy be retained  O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23g	BUR AL, CREMATION, 23b, DATE C C') 23c. NAME OR CEMETERY OR CREMATORY 23d. LOCATION (City, or Town)	(County) (State)
	-{	FUNERAL DIRECTOR  23b DATE 27 26 23c. NAME OF CEMETERY OR CREMATORY  23d LOCATION (City of Town)  4 ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



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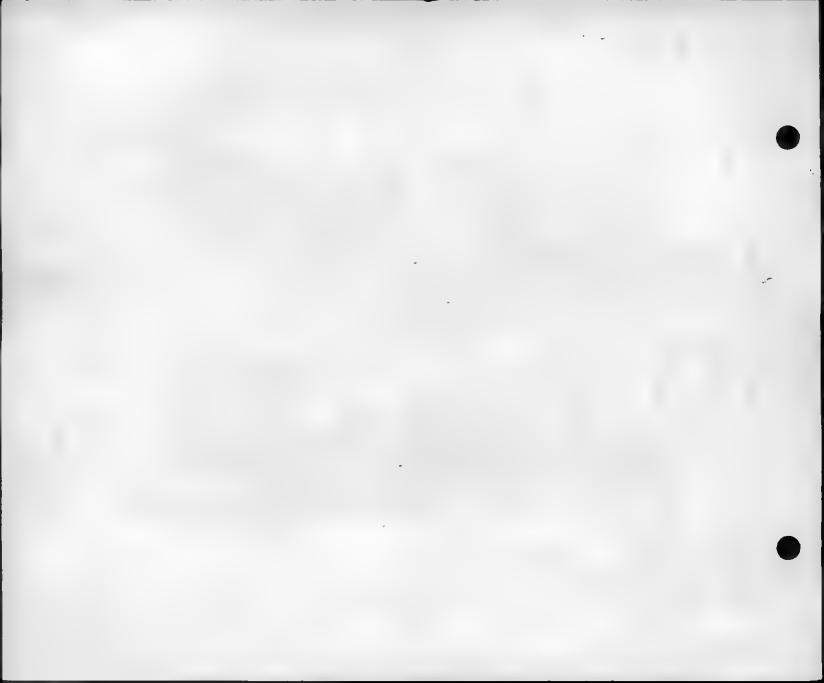
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£ 25	- 1		Female	White	11	6/29/1906		last birthday) YRS	MONTHS DAYS	HOURS MIN
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ate be exection ond condinony		14. F	ATHER'S NAME First	Middle	Last	S. MOTHER'S MAIDEN NAME	First	Middle		Lost
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ate iciar leas			WAS DECEASED EVER IN U.S. ARME			INFORMANT		Address	#1	
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requires that the death certificate being physician.  signed by the attending physician on burial-transit permit. Then please to burial, cremation, or removal, and in	Ī		18. CAUSE OF DEATH (Enter only	ane cause per tine for (a). (b)	) offd (c).) /	/ /				MATE INTERVAL NSET AND GEATH
£ . \$	- 1		PART I. DEATH WAS CAUSED	BY. / L C	"Dog !	& Comerter	W.		DETAILED OF	1307 AND GEATH
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re to be en	ŀ		stating the underlying cause	DUE TO, OR AS A CONSEQU	JENCE OF					
quires that thy shipsician. igned by the cural-tronsiturial, cremo	- 1		lost.	(c)						
Ped Signal			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN	N PART 1(a)		
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e fow re tending is been os the prior to		CERTIFICATION	19d. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF Y	ES, WERE FINDINGS CO OF DEATH?	INSIDERED IN CE	RTIFYING
to by at	-/-	ZTIF)				YES NO		JE DEAIN!		
AN: The or			21a ACCIDENT WAS UNDERLYING			OW INJURY OCCURRED (Ent	er nature of injury	ın Part 1 ar Part 2, 1	lem 18.)	
pital of the defense of the cofficers of	- 1	MEDICAL	☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Do	by Year					
G PHYSICIAN: the hospital or this certificate detached far u			21d. INSURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM		OCATION Street or R F.D No	o. City o	r Tawn	County	State
Par his his eta De	_		While Not while at work	COLLUCE BOULDIN	G, EIC.					
NG # Y # He e d	_		220. I certify that (I) (this	hospital) ottended the	dereosed from	1- 19	. to	. 19	, that	(I) (we) lost
ATTENDIN stained by CTOR: After should be ith the Sta'			cow the derenced all	ve on the	/ 1970 m	d that in (my) (our) op	union death oc	curred on the dor	e ond hour	and from the
ouls St.	ı		couses stated abaye,	(I) (we) (did) (did not) vi	iew the body after	deoth.				
	- 1		22b SIGNATURE	111.	1/1	ATTENDING	MED.	STAFF 22c D	ATE SIGNED	17
OR AT be retai DIRECTO JE 3 sho ed with	- 1		" and "	17/2	DEG DEG		DIRECTOR	PHYS.	11:00	62
A SE	1		22d. PHYSICIAN'S NAME (Type)	CH 501	Hickory	22e. ADDRESS	tor	1/16 4	hi	· (.
LOS UN ecto		2 <b>3</b> a	BURIAN, CREMATION . 236. DA	TE 23c.	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	(City of Town)	(County)	(State)
O HOSPIT Poge 4 m O FUNERA director, should be	2		BURIAL CREMATION 236. DA		ort Linco			inoton. N	10.	. ,
	Con	24	EUNERAL DIRECTOR	1	ADDRESS		BY REGISTRAR	256. REGISTRAR S	SIGNATURE	
VR A15 (4) 30M REV. 176	6	-	MAURIO E1	1 wram +5	ing En		OV 19 19	968 you	wer yo	udge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I DECEASED NAME 20 DATE KNOWN Manth Year (Type or Print) ESTIo DEATH MATED 4 RACE S. DATE OF BIRTH AGE in years IF LINDER I YEAR IF INDER 24 HRS 2r DATE PRONOUNCED DEAD 3 SEX 1 birthdoy) MONTHS 3-29-1949 Month Day Male Yeor Negro YRS 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Denton. Md.. United States WIDOWED [ DIVORCED [ ond 2 with the State NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSLAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Hosp, Easton, Mading mestable the even if refired) -Cordova . Md वार्ष लाग्न लाग्ने के 1 WHYRE 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Rederalsburgs X NO 1% Couroline RI# 2.Box# 243 odmisMed 1941 and Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Hazel Baynard (deceased) Roland C. Groce poges hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT pencil 220-48-3506 Father(address given above) (RYes, no, or unknown) (II varyive war or dates of service) APPROXIMATE INTERVAL This certificate should be executed within 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) ) BETWEEN ONSET AND DEATH burial-transit permit. should be forwarded to the Chief Medical PART I DEATH WAS CAUSED BY peniling IMMEDIATE CAUSE (a) Canditians, if only, which gove rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 be used CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [ NO DE 2 a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 18 5 may be retained for your mes.

O FUNERAL DIRECTOR: Page 3 should Health prior to buriel, cremotion, or MEDICAL PRIMARY TOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 2 e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or RFD No City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry [ and in my opinion the funeral director. Natural couses , Accident X. death resulted from: Suicide 🗍 Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 11-10-68 DEPUTY MEDICAL EXAMINER MELT EXAMINER'S Louis Welty ADDRESS(Street, city, town, ar county) 23c NAME OF CEMEFERY OR CREMATORY St. Paul Church Cemt 23a BUR AL, CREMAT ON 1-13-1968 23d LOCATION (City or Town) Williston, Caroline, Md (County) But MO独(Specify) 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR VR ATSME (5) DATE NO

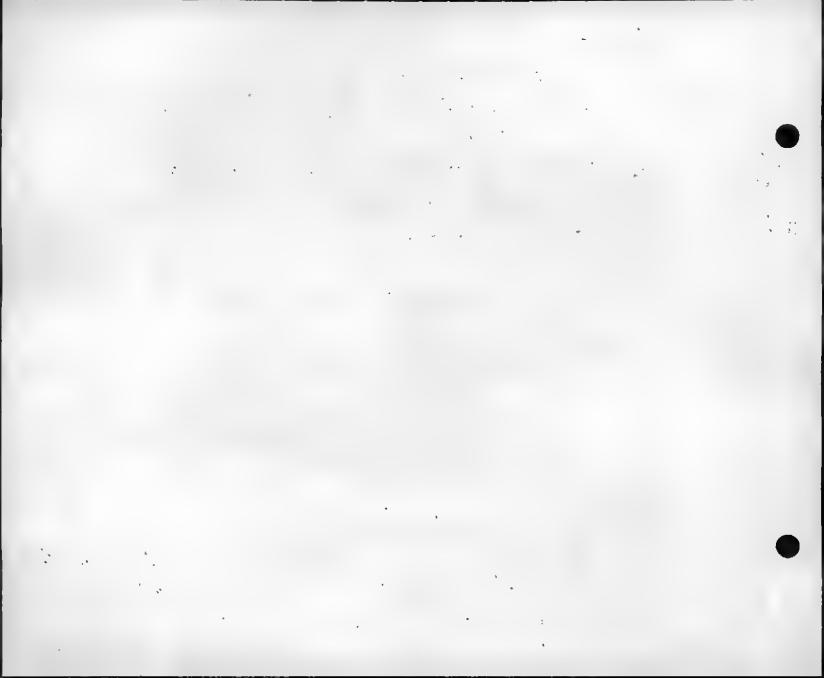
MARYLAND STATE DEPARTMENT OF HEALTH



< I		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12	2/3/68 kk Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN   Month 2 Day Year 25 HOU
is to of		Type or Print) Orem Nelson Haddaway, Sr. DEATH MATED 11-22-68 C10P
deloy is and 3 to find Poge fment o	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years   F JMDER 1 YEAR   15 UMDER 24 HRS   2c DATE PRONGUNCED DEAD 2d HOU
ny deloy is 2, and 3 to PM3 Page portment of		Male White 9/2/1935 33 YRS
Dep 1, 2		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
		Md. USA WIDOWED DIVORCED Talbot  ATTION OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita   12a USUAL OCCUPATION (Kind of work done   12b Kind OF BUSINESS OR
Give Page Glan with to My the State	1	give street address)
	13a	USUAL RESIDENCE (Where deceased led, funstitulion Residence before 13c CITY OR TOWN   13d Wisible CTY LIMITS?   13e STREET AND NUMBER
S of S of S	0	domission) STATE Ad. 136 COUNTY Talbot Wittman YES DONO
hours after 18 G Office alon I and 2 with office death	14. 1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
		Roland D. Haddaway, Sr. Mamie (rockett
miner's miner's ile pages	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT No. 0 Nem N. Haddaway, Wittman. Md.
E E		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROX.MATE INTERVAL BETWEEN CHIST AND DEATH
be executed pending nief Midical E ansit permit. F event within		PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) EXPOSURE IN WATERS OF CHESAPEAKE BAY
en the		O 2 C 7 DUE TO, OR AS A CONSEQUENCE OF
be l ' p' l' hief		(andithans, if any, which gave rise to immediate cause (o), (b) BOAT SANK BENEATH THEM
should be e ne word 'per to than Chief i burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
he sh to t bur		(c)
(AMINER: This certificate state the certificate, writing the get should be forworded to rour files.  age 3 should be used as a but cremation, or removal, and ir		PART 2 OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certifi viriti orword used (	TION	190. DATE OF OPERATION 196. COND TION FOR WHICH OPERATION 2D AUTOPSY?
his ce ate, v e for be us	CERTIFICATION	WAS PERFORMED?  YES NO SE
Thi ficate I be		216 EXTERNAL CAUSE WAS   216 TIME OF INJURY Month, Doy, Year   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
INER: 1 the certific the should by triles. e 3 should emation, or	MED CAL	CAUSE OF DEATH 69P PM 11-22-68 BOAT SANK
the 4 strain of the 3 months and 1 months are 3 months ar	1	21d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, white mot white mot white factory, office building, etc.)
		AT WORK AT WORK TALBOT WE
y, pleose executed director Pares executed for an experience for the prior to buriol,		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry, and in my opinion
Se ecto ecto inec REC		deoth resulted from: Notural causes , Accident X, Suicide , Homicide , Undetermined manner
dir dir		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DATE SIGNED
ery, ary, be be		FARROUTY MED CL. EVENINED VI. 11_28_68
necessary, property is more funeral smooth of the funeral Health price.		EXAMINER'S NAME (Type)  WELTY  ADDRESS(Street, city, tawn, or county)
101 FE H	230	BURIA, CREMATION. 23D DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stole)  REMOTE STORY  7 11/25/1968  Rethodist  7 11/25/1968
	24	FUNERAL DIRECTOR ADDRESS 1250 RECU BY REGISTRAR 1250 PEGISTRAR SIGNATURE
VR A15ME (5)	[ //]	AURICE E. NEWNAM & SON, Easton, Md. DATE NOV 2 6 1968 CE ander Judge
2.1	_	NOV VIVE I



DATE



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18521 16. 2. CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b HOUR (Type or print) 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR last birthaay) 5/23/1895 MONTHS HOURS Male white YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED XXNEVER MARRIED 1 Mass. USA DIVORCED WIDOWED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) corban during most of working life, even if retired ) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 138. INSIDE CITY LIMITS? 13b. COUNTYTalbot YES 🗍 NO. Easton 14 FATHER'S NAME Middle 15. MOTHER S MA DEN NAME First Middle Lost Lost Mary Newell Hurd C. Russell Hurd ease physician and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Mary O. Hurd Easton, Md. Yes na, or unknown) O FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 should be detached for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, 058 10 5673 A APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CHRCINUMATOSI IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖊 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1/- 1968, to 11-10, 1968, that (I) (we) last saw the deceased alive an 11-9, 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 1968, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death. be retained 22b SIGNATURE 22c. DATE SIGNED

30M REV 1/68

22d. PHYSICIAN'S NAME (Type)

23g BURIAL, CREMATION,

BADYAL (Specify)

within 24 hour

requires that the death certificate be

24 FUNERAL DIRECTOR ADDRESS STERTOWI

23b. DATE

11/13/68

Dorment Dorsett D. Smith M. D.

23c, NAME OF CEMETERY OR CREMATORY

St. Paul Cem.

(County) Chestertown, Md. near 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 196B

DIRECTOR

15

22e, ADDRESS

STAFF PHYS

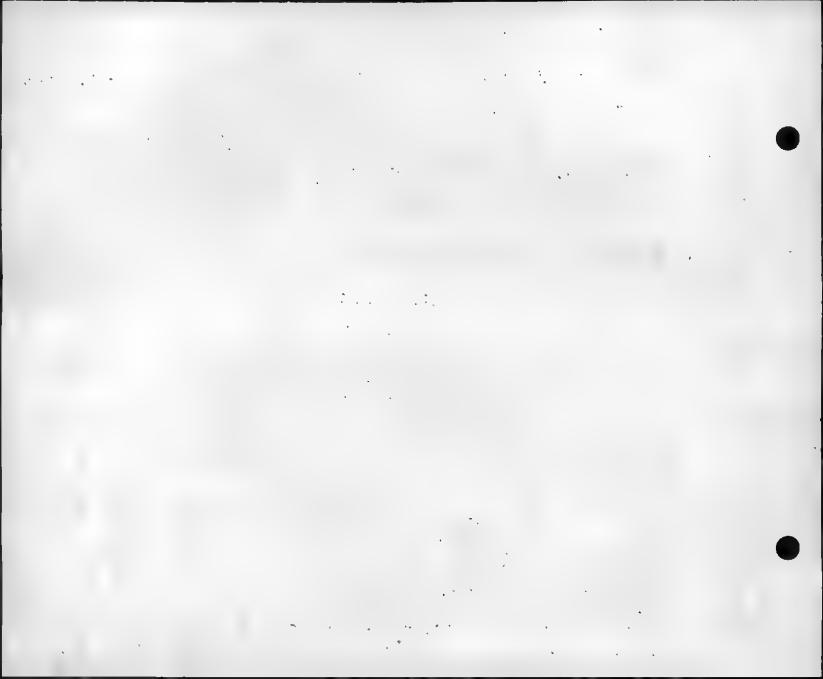
Easton, Maryland 11/19/68

23d LOCATION (City or Town)

(State)



	ь Т	tome 7 8 & 13 Halmolog MARYLAND STATE DEPARTMENT OF HEALTH	
1	1	tems 7, 8 & 13 Film of with RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	. 6500
by filled is by the funeral ban popers. Pages 1 and 2 within (2 mars gifter death.		ECEASED NAME (ype or print) Charles D JAMES 20. DATE OF DEATH Month Day	Yeor 2b. HOUR S
agges 1 19965 1 15 offer	3. SI	M lost bittaddy) YRS. MON	INDER LYEAR IF UNDER 24 HRS ITHS DAYS HOURS MAN
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Son po within		EASTON give street oddress) MEMOTIAI during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
in ony event, wit		USUAL RESIDENCE-(Where deceased lived, if institution Residence before ission) / STATE   13b. COUNTY   13b. COUNTY   13b. COUNTY   13b. COUNTY   122 South Str	eet
lin ony	14.	FATHER S NAME First Middle Lost 15. MOTHER S MAIDEN NAME First Middle	Lost
noval, ond in		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (If yes give war or detes of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
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Th prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	IDERED IN CERTIFYING
10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending O FUNERL DIRECTOR: After this certificate has been director, page 3 should be defoched for use as the should be filed with the State Dept. of Health prior to	MEDICAL CER	210 ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, Item.   21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, Item.   21c HOW INJURY OCCURRE	18.)
Dept.	ME	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town C	county State
uld be deroched ra the State Dept. of H		22a I certify that (I) (this haspital) attended the deceased from 1948, and that in (my) (our) apinian death accurred an the date of causes stated above, (I) (we) (did not) view the bady after death.	, that (I) (we) last and haur and fram the
e 3 should ed with the		226. SIGNATURE ATTENDING MED DIRECTOR PHYS. D 22c. DATE	SIGNED CS
director, page 3		22d PHYSICIAN'S TON HARRISDIN . 22e. ADDRESS Law , King land	
directo	L	(REMOVAL) Specify) 11-5-68 V. of Med. Wed. School Baltimore, Mg	(ounty) (State)
VR A15 (4)	24	FUNERAL DIRECTOR  ADDRESS & Truck of DATE WOV 8 1968 CCLICANE	



# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

16523

within 24 hours oft

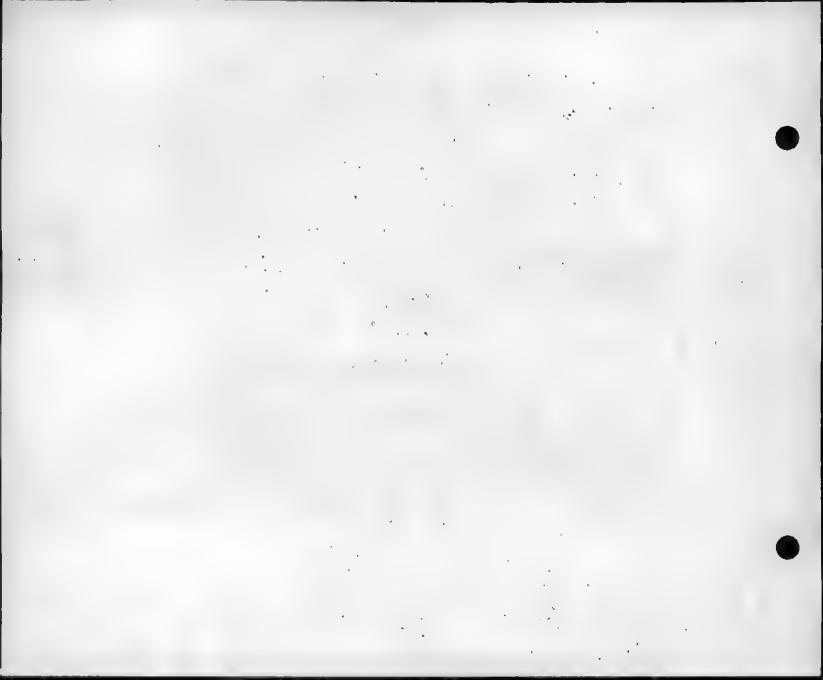
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exeguted.

Page 4 may be retained by the hospitol or attending physicion.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1050

									_		
	CEASED-NAME	Fir	st	Middle		Lost	20.	DATE OF DEATH			26 HOUR
(1)	ype or print)	Courk	TNEV		VENI	4/N/S		Mont	h Z Doy	le S	MO W
3. SE	X	<u> </u>	4 RACE		S	DATE OF BIRTH		6 AGE (	n years	IF UNDER I YEAR	IF JMDED 24 HRS.
	MALL		1/3/	HITE				last bir	thdgy)	MONTHS DAYS	HOUR! MIN
7. 0	INTUDUCT ICH		71 071701 00 10	IAT COUNTDYS	10	/	10.000	MITY OF DEATH	8 YRS		
70 B	IRTHPLACE (Stol	re or toreign	7b. CITIZEN OF WH	AT COUNTRY		NEVER MARRIED	→ 1 .	INTY OF DEATH			
	PU	)		NOXXE U.S.	WIDOWED	DIVORCED [		11/100	7/		Md
10 C	ITY OR TOWN O	F DEATH	11. NA	IME OF HOSPITAL OR II	IST TUTION (If not i	n haspital 12		IPATION (Kind of vorking life, even		126 KIND OF E	BUSINESS OR
	FA57	TON	give :	meer oudress)	=MORI	92 "	uring most or v	varking life, even	ir reinred.)	INDUSTRI	
		E (Where dece	osed fived, if instituti	on Residence before	T3c CITY OR TO		SIDE CITY CIMITS?	13e. STREET AND	NUMBER		
oam):	ssion) STATE	M D	136. CONNEX )	DK ( LITY F		A- YES	NO .				
14. F	ATHER'S NAME	First	Middle	Last	15. N	OTHER S MAIDEN	NAME First		Middle		Lost
	20	141		4ENK	INS	MA	RU	2	(	JOLET	MAN
160.	WAS DECEASED	EVER IN U.S. A	RMED FORCESS	16b. SOCIAL SECURITY	NO. 17. INFO	DRMANT	1		Address		1
Y	es, not, or unknow	Multiple (unit	e war or sine of service)		Mr.	7- 110	200	ENKTE	C.D	ENTO	NMD
	10 CHUSE OF	DEATH & A.	-1	1 (3/13) 11		101 100	7 -		11	APPROXIA	NATE INTERVAL
	PART I. D	EATH WAS CAU	only one couse per lir SED BY:	ie for (a), ta), and (a			1			BETWEEN OF	ISET AND DEATH
i		1MME	DIATE CAUSE (0)	7						-	
	1	Χ	DUE TO, OR A	S A CONSEQUENCE O	40 1	0					
	Conditions, if a		(b)	uner	ral c	Toire	ececor				
ы	stoting the ur	derlying cous	DUE TO, OR	S A CONSEQUENCE O			1	1			
	lost.		(c)	Carci	noma	11	olar				
	PART 2 OTHER	SIGNIFICANT (	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO T	HE TÉRMINAL DISE	ASE OR CONDITI	ON GIVEN IN PART	1(a)		
NO.	177	X									
	190 DATE OF OI	ERATION 19	b. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?				ONSIDERED IN CE	RTIFYING
TIFICAT						YES 🗍	NO X	CAUSES OF DEATH	17		
CERT	210 ACCIDENT	WAS UNDERL	YING 216. TIME OF	INJURY	21c. HOW	INJURY OCCURRE	D (Enter nature	of injury in Port	1 or Part 2,	Item 18.)	
3	OR CONTRIBUTI			Month Day Yeo			,				
Q3	(If either, notil	cettopen 9	ie. Place of Injury		ACTORY, 1   21F IOCA	TION Street or R	PED No	City or Town		County	State
П	While rm Nat	while	io. rote or moon,	OFFICE BUILDING, ETC.	7 211 2001	311001 07 11		city of 10000			0
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Ш	sow th	o yocousoy	this haspital) atte	ended the deted	1962 - ond t	hat in (my) (o	ر المركب ،	death occurred	on the do	te and hour	ond from the
	canses	stated abo	ye? (I) (we) (did)	(did not) view the	body after dec	ath.	, op		011 1110 40	10 0110 11001 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	22b SIGNATURI			101	11 11	M			220	DATE SIGNED	
		1	/ /	MA	DEUREN	PHYS.	MED DIRECTOR	R STAFF PHYS		1/4/68	
	22d. PHYSICIAN	।'ਤੇਵਾਂ ਸਾ≓	tzgerald	)	M.D.			aryland			
	22d. PHYSICIAN NAME (Ty	pe)	DARGIALA		110 %			- U -	1.3	/4/68	
236	BURIAL CREMA	TON 92	C DATE	23c NAMETA	CEMETERY OR CR	FMATORY	23.47	NOCATION (City of		(County)	(State)
15	SERIEN ST. ISBO	A A	07.6, 196	9	CENT TO		230	)ENT	J	CAR	140
24/	FUNERAL DIRECT	OR	1	ADDRES	5	n 250	REC'D BY REGI	STRAR 25h	REGISTRAR S	SIGNATURE	
T	Mis	201	4/21	() 4		DAT	MONES	2 1968		conter le	udal
	- 42	Chr. A	- VVVV	Vent	1	- UAI	TOTAL		A.		



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18524 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH Last and 2 death. 24 havrs after death (Type or print) Manth 3 SEX AGE (In years lost birthdoy) MONTHS Jan. 13. Male Negro 1910 7a BIRTHPLACE (State or fareign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH filled in Maryland U.S.A. Talbot WIDOWED DIVORCEO [ 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done give street.oddress) during mast of working life, even if retired ) please remave carban W the attending physician and campletely sit permit. Then please remaye carban emore 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 134 INSIDE GTY LIMITS? 3e STREET AND NUMBER admission) STATE Md. Caroline Henderson YES 🗔 NOK None and in any IS MOTHER'S MAIDEN NAME First requires that the death certificate be exi 14. FATHER S NAME First Middle Lost Middle William Johnson Daisy Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO 17 INFORMANT Address (It yes give war or dates of service) Yes, po, or unknown) crematian, or remayal, 222-01-3040 Gertrude Johnson Henderson, CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave ) burial-fransit rise to immediate cause (a). signed by DUE TO, OR stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19o. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [ for use Health Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. should be detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 10 - 11 - , 196 X , to saw the deceased alive on-

directar, page S shauld be filed

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State .1964, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHYSICIAN 22e. ADDRESS 21601 Ambler M. D. Easton, Maryland NAME (Tybe) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) Goldsboro Union Caroline FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DATE

2b. HOUR

E JINDER 24 HRS

IF LINDER 1 YEAR

INDUSTRY

125 KIND OF BUSINESS OR

last

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH



1-2-	I tems 2 & Film Glo7 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12/3/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
HEALTH DEPT.	1. DECEASED-NAME First Middle Loss 2a DATE KNOWN Month Day 2 Year 2b HOUR
ay 15 3 ta Page	3 SFX
Iny delay 2, and 3 PM3. Pa partment	Male White 7/25/1933 35 YRS MONTHS DAYS MOURS MIN Month 11-23 Day 68 Year 19 M
(i)	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH   Country) Ald. USA WIDOWED DIVORCED Talbot Mc
for a for	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital   12a USUAL OCCUPATION (Kind of work_dane   12b K.IND OF BUSINESS OR
ter death Give Pages ang with fai	NRTILGHMAN give street oddress) dwhater, of college to the street oddress)
© % d d	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13C CITY OR TOWN admission) STATE /1d. 13b COUNTY /albot   Tilghman   YES NO
Item 1 Office office	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
7 = 8 8 8	Dariel E. Lednum Mary A. Fergusons  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
with n 2 min pencil in pencil ii Examiner File page:	(Yes, ngy ar unknown)   Unesg va war or dotes of service) 214-30-8552 Mas. Herman & Lednum, Tilohman, Md.
ed w	18 CAUSE OF DEATH (Enter any one cause per line far (a), (b) and (c).)  PART I, DEATH WAS CAUSED BY
rd "pending" in Chief Medical E transit permit F	IMMEDIATE CALSE (a) EXPOSURE IN WATERS OF CHESAPEAKE BAY
d be exected "pendin Chief Med fransit per	Conditions, if any, which gave )  (b) BOAT SANK BEREATH THEM
- 4 £ Gg G	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ri ii	lost (c)
us certificate state, writing the forwarded to be used as a burremoval, and it	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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of the party of th	WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in, ury in Part 1 or Part 2, them 18)
Trifice	
(AMINER: te the cert'f je 4 should raur files. age 3 should cremation,	PRIMARY OR CONTRIBUTING OF PRIMARY OR CONTRIBUTING OF PRIMARY OF CAUSE OF DEATH  CAUSE OF DEATH  21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm street, 2 f LOCATION Street at R.F.D. No City or Tawn County State
XAM tte th ge 4 your your cren	WHILE AT WORK
ICAL EXA execute for. Page ed far ya CTOR: Pag burial, cre	220. I certify that I took charge of the remains described above, held an Autopsy , Inspect an , Inquiry , and in my opinion
ase e rectol lined lined for the but	death resulted fram. Natural causes, Accident _x, Suicide, Homicide, Undetermined manner
y, pled dige reto di prior i	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED
	EXAMINER'S NAME (Type)  WELTY PORTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
TO DEPL necessa the fun 5 may TO FUNE Health	23g BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Cry or Town) (County) (State)
	REMOVAL (Specify)  Durial  11/25/1968   Vesleyan  Tilghman, Md.  24 FINERAL DIRECTOR  ADDRES  1250, RECD BY REGISTRAY 250 REGISTRAY 5 SIGNATURE
VR A15ME (5)	MURSCE E. NEUWAM & SON, Easton, Md. DATE NO. 2 6 1968 Filmers Signature
171	



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 105 16526 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED NAME Lost 2b. HOUR executed within 24 hours after death (Type or print) 3. SEX 6 AGE ( n years F JNDER 1 YEAR S. DATE OF BIRTH corbon papers Pages 1 last birtl MONTHS I YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Penna. U.S.A. WIDOWED DIVORCED within. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 2b, KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Teaching 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN Md. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY Caroline Ridgely NO 3d None remaye 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Middle Last requires that the death certificate be Daniel McCarrin Anna Segar pleask gud 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) St. Benedicts Convent Ridgely None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY burial-tronsit permit. artracentra IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t i Heolth prior to b O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🔲 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work of work 220. I certify that (I) (this hospital) attended the deceased from 13 Nov., 19 68, to 13 Nov., 19 68 sow the deceased alive on 13 Nov., 19 68 on the deceased of the deceased from 19 Nov., 19 68 or 19 Nov., 19 N , and that in (my) (our) opinion death occurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should b 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Ridgely 11-16-68 Caroline St. Benedict 24 FUNERAL DIRECTOR ADDRESS 2Sb. VR A15 (4) < 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10527 16541 CERTIFICATE OF DEATH 2b. HOUR 20. DATE OF DEATH Last First Middle **DECEASED-NAME** (Type or print) 6 AGE (In years IF LINDER , YEAR IF LINDER 24 HRS 4. RACE DATE OF BIRTH MONTHS DAYS HOLES last birthday) ban popers. Pog. 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign **7b CITIZEN OF WHAT COUNTRY?** MARRIED NEVER MARRIED executed within 24 hou DIVORCED [ WIDOWED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital IG. CITY OR TOWN OF DEATH during most-of-working life, even if retired ) INDUSTRY give street address) segnove carban Henr 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LAMITS? 13e STREET AND NUMBER 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME signed by the attending physician burial-tronsit permit. Then please burial, tremotion, or removel, and i Address Kond 16b SOCIAL SECURITY NO INFORMANT Sist FR 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) Yes no sor unknown) illes. KEbA HAdisEN 220 32 9372 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Levelval BETWEEN ONSET AND DEATH 1-23-6 remurres that the death DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the hospital or ottending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DINECTOR: After this certificate has been directar, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO 🔀 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21a, ACCIDENT WAS UNDERLYING 215 TIME OF INJURY HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. County State 21d INJURY OCCURRED City or Town While Not while at wark 22a I certify that (I) (this hospital) attended the deceased fram 1/- 23, 19 GV, ta 1/- 2-, 19 GV, that (I) (we) last saw the deceased alive an 1/- 25 19 S, and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE 11-25-62 DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS Stephen P. Carney M.D. Easton, Maryland 21601 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23d. LOCATION (City or Town 23b DATE (County) 23a. BURIAL, EREMATION, PEMOVAL (Specify) 100 25b. REGISTRAR'S SIGNATURE 1968 DEC 2 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEAVIT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1654 CERTIFICATE OF DEATH 26. HOUR DECEASED-NAME Middle 20 DATE OF DEATH n 24 hours after death. (Type or print) signed by the ottending physicion and conditetely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 3. SEX SADATE OF BIRTH 6. AGE (In years HE JINDER 1 YEAR lost birthdoy) MONTHS DAYS HOURS Male White 1-9-1884 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED X NEVER MARRIED country) Penna. U.S.A. Talbot WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street addressi during most of working life, even if retired) INDUSTRY ¥ Medical 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline Goldsboro YES X None The law requires that the death certificate be exec In any 14. FATHER'S NAME M:ddle 15. MOTHER S MAIDEN NAME First Lost Middle Lost Eugene Paxson Martha Livesy 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, gq. or unknown) or removol, 184-05-9175A Josephine Paxson Goldsboro, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cremotion, Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0) os the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [ for use Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No City or Town County State While Not while to work 22a. I certify that (1) (this haspital) attended the deceased from 11-10, 1965, ta 11-10, 1965, that (t) (we) lost saw the deceosed glive on 11-10 \_19 68, and that in(my) (our) opinion death occurred on the date and hour and fram the Page 4 moy be retoined 3 should with the S couses stoted above (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS STAFF Robert W. Trever M. D. DEGREE director, page 3 should be filed v DIRECTOR PHYS. -10-68 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23o. BJRIAL, CREMATION, (County) REMONAL (Specify) Greensboro, Caroline Greensboro Cemetery 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 196B 30M REV, 1/68

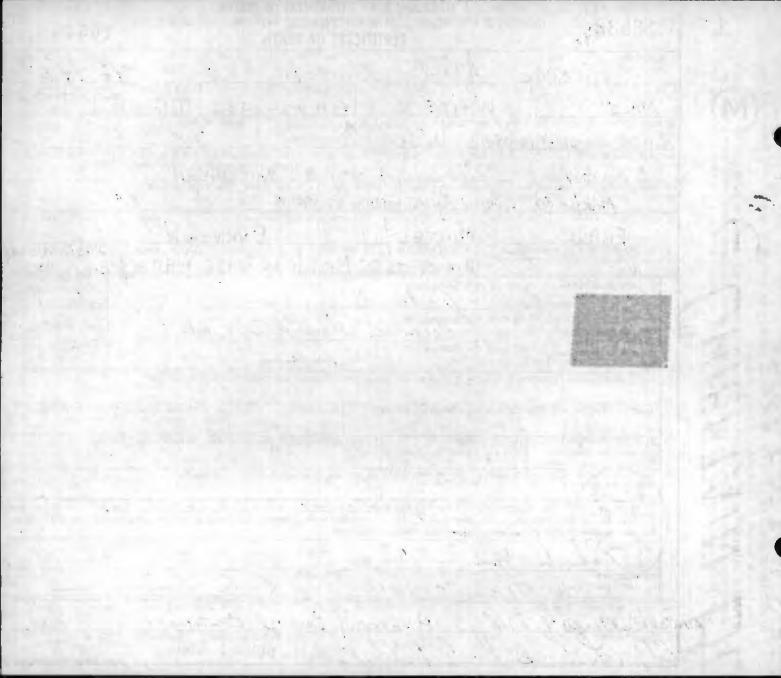




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VR A15 (4) > 30M REV 1/68





## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	0	J	U	8-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the second director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 30M REV. 1/68.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital ar attending physician.

physicial and campletely filled in by the physicial and campletely filled in by the physicial and the

be executed within 24 haurs

	10000		CERTIFICATE OF DEATH		
	ECEASED-NAME (YPO or print) Om A	1) +	Millson	2a. DATE OF DEATH Month Do	Yeor 68 10 A
3. SI		4. RACE VHITE	S. DATE OF BIRTH 8/31//8	6. AGE (In years less birthdoy) YRS.	HF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. COUNTY OF DEATH	N
	EASTOWN OF DEATH	at Jame OF HOSPITAL OR INS	Hospital during/n	DAL OCCUPATION (Kind of work done nost of working life, even if retired.)	
odm	ission) STATE)	osed lived, if Institution: Residence before 13b. COUNTY 14 L 130 T	13c EITY OR TOWN 15d. INSIDE CITY  LAST ON YES D	100 RD#7-	
1	ATHAN D	Middle Lost  /EFENDERFEI		BUKER	Lost
	WAS DECEASED EVER IN U.S. AR 'es, pa, or unknown) (If yes give	RMED FORCES?  a west of dottes of service)  3/6-54-9	4 100	MIELKE, EAS,	TON, MO
	PART I. DEATH WAS CAUS	only one cause per line for (o), (b), and (c). ED BY: DIATE CAUSE (a)	Hear Fail	URR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove nse to immediate cause (a),	(b) 1 + V	elevotic Hea	of Disease	e yrs.
	stoting the underlying couse last. 4200	(c)	OT ACLASTO TO THE STATE OF THE	COMPANION ON THE IN CARE VA	<u> </u>
NO	Cerebra	onditions contributing to death but no	an Throm &	102is.	CONTRACTOR ALL CENTRALIS
CERTIFICATION		b. CONDITION FOR WHICH OPERATION WAS PE	YES NO		
MEDICAL CE	21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DE (If either, natify medical exore	HOUR A.M. Month Day Year niner) P.M. 19		er noture of injury in Part 1 or Port 2,	, Item IB.)
ME	While Not while of work	e. PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	Nata	15 11-1-7	County State
	saw the deceased	his hospital) ottended the decess alive on ve, (I) (we) (did) (did not) view the	9_2 Oand that in (my) (our) or		9_60, that (I) (we) la late and haur and from th
	22b. SIGNATURE	Kecup	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 22c.	DAYE SIGNED 7/68
	22d. PHYSICIAN'S NAME (Type)	KRECK ?	SR, 22e. ADDRESS	4500, 1	3'/
1	REMOVAL (Specify)	1/9/1968 THIA	CEMETERY OR CREMATORY	EASTON	(County) (Stote)
24.	FUNERAL DIRECTOR	ADDRESS	EASTON 3 250. RECO.		5 SIGNATURE

